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DATE: February 6, 2007

PTO IDENTIFIER: Application Number: 09/681,586  
Patent Number

Inventor: Victor V. GOGOLAK

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: MORRISON &amp; FOERSTER LLP

Brian N. Fletcher

PHONE: (703) 760-7796

Attorney Dkt. #: 597932000200

PAGES (Including Cover Sheet): 5

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Transmittal (1 page)  
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MORRISON & FOERSTER LLP  
1650 Tysons Blvd, Suite 300, McLean, Virginia 22102  
Telephone: (703) 760-7700 Facsimile: (703) 760-7777

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Application No. (if known): 09/681,586

Attorney Docket No. 597932000200

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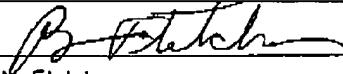
(to be used for all correspondence after initial filing)

		Application Number	09/681,586
		Filing Date	May 2, 2001
		First Named Inventor	Victor V. GOGOLAK
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	597932000200

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Printed name	Brian N. Fletcher		
Date	February 6, 2007	Reg. No.	51,683

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INDICATION FORM

Application Number	09/681,586
Filing Date	May 2, 2001
First Named Inventor	Victor V. GOGLAK
Title	METHOD FOR GRAPHICALLY DEPICTING DRUG ADVERSE EFFECT RISKS
Art Unit	2166
Examiner Name	Not Yet Assigned
Attorney Docket No.	597932000200

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature:  Date: 10/17/05Name: Victor Gogolak Telephone: 703-356-5864Title and Company: Chief Executive Officer  
DrugLogic, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.